

Practitioner's Docket No. P563 US

**PATENT** 

| Prelimin | ary Cl | assit | fication |
|----------|--------|-------|----------|
|          | Propo  | sed   | Class:   |

Subclass:

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

09/824852 09/824852

Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231

### NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Nareak Douk; Nasser Rafiee; David S. Brin; Peter G. Strickler

For (title): TEMPORARY INTRALUMINAL FILTER GUIDEWIRE AND METHOD OF USE

### CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) AND 1.10\*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

### MAILING

| []      | deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Washington, D.C. 20231. |                               |  |  |  |  |
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|         | 37 C.F.R. Section 1.8(a)   |                               | 37 C.F.R. Section 1.10*  |  |  |  |
| []      | with sufficient postage as first class mail.   | Ŋ                             | as "Express Mail Post Office to Address" Mailing Label No. EJ833101729US (mandatory) |  |  |  |
| []      | TRA transmitted by facsimile to the Patent and Tradema   | NSMISSION<br>ark Office (703) |  |  |  |  |
| Date: _ | 3 30 01  | Signat                        | cistus & Acoules   |  |  |  |
|         |  | Ch (type o                    | ristine L. Aceves or print name of person certifying)                                |  |  |  |

\*WARNING:

Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. Section 1.10(b).

"Since the filing of correspondence under [Section] 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will **not** be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

### 1. Type of Application

This transmittal is for an original (nonprovisional) application.

# 2. Papers Enclosed

- A. Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application
- 13 Page(s) of Specification
- 10 Page(s) of Claims
- 10 Sheet(s) of Drawing(s)--Informal
- B. Other Papers Enclosed
- 3 Page(s) of declaration and power of attorney
- 1 Page(s) of abstract

### 3. Declaration or Oath

Enclosed

Executed by:

\* inventors.

# 4. Inventorship Statement

The inventorship for all the claims in this application is the same.

### 5. Language

English

# 6. Fee Calculation (37 C.F.R. Section 1.16)

Regular Application

| CLAIMS AS FILED                                      |                   |                        |              |          |   |  |  |  |
|--|-------------------|------------------------|--------------|----------|---|--|--|--|
| Claims   | Number Filed      | Basic Fee<br>Allowance | Number Extra | Rate     | Basic Fee<br>37 CFR 1.16(a)<br>\$710.00 |  |  |  |
| Total Claims<br>(37 CFR 1.16(c)                      | )) 44             | - 20 =                 | 24 x         | \$18.00  | \$432.00                                |  |  |  |
| Independent Cla<br>(37 CFR 1.16(b)                   |                   | - 3 =                  | 5 x          | \$80.00  | \$400.00                                |  |  |  |
| Multiple Dependence Claim(s), if any (37 CFR 1.16(d) |                   |                        | +            | \$270.00 | \$0.00                                  |  |  |  |
|  |                   | \$1,542.00             |              |          |   |  |  |  |
| 7. Fee Pay   | yment Being Mad   | e at This Time         |              |          |   |  |  |  |
| Enclose  | ed<br>Filing Fee  |                        |              |          | \$1,542.00                              |  |  |  |
|  | Total Fees Enclos | sed                    |              |          | \$1,542.00                              |  |  |  |

# 8. Method of Payment of Fees

Charge Account No. 01-2525 in the amount of \$1,542.00. A duplicate of this transmittal is attached.

# The state st

# 9. Instructions as to Overpayment

Credit Account No. 01-2525.

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Reg. No.: 34,472 Tel. No.: 707-566-1746 Customer No.: 28390 Signature of Practitioner

Michael J. Jaro Medtronic AVE, Inc.

IP Legal

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